The Medical Fortnightly.

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UNDER THE EDITORIAL DIRECTION OF

FRANK PARSONS NORBURY, M. D. AND THOS. A. HOPKINS, M. D.

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Volume XXI **APRIL TENTH** **Number 7**

Editorial Department.

Expert Medical Testimony.

THE QUESTION of expert medical testimony is of perennial interest. It is a question the solution of which is as far distant as ever. All that is necessary to prove this is to watch "the battle of the experts" in some important case, where, in the "line up of talent" the merits of the case are lost in the maze of the assumptions of counsel. Experts are used simply as tools and are worked to the limit. "Thus far and no farther" are they allowed to exercise their own volition. At times it seems that it is not so much the truth that is being sought after, as it is to distort the truth, put prisms upon it, and make the expert use the distorted rays to suit, not the ends of justice but of counsel. In a great measure the abuse of medical expert testimony is due to physicians as well as to lawyers. How frequent, indeed, do we see physicians posing as experts who are not by training nor education fitted to discuss the important questions presented before the court. Again, physicians engaged as experts are prone to assume, as Hammond has said, the dual role of medical counsel and expert witness.

Hammond, in a recent discussion before the society of Medical Jurisprudence (Medical News, March 15, 1902) said: "In trials as they are conducted at present there is no possible chance for an agreement of experts. The witnesses for the two sides are not asked to give opinions based upon the assumptions; each counsel has his own hypothetical questions which differ from his opponents as the night from the day. They are based upon absolutely different assumptions of facts, and the answers given are in accord with the assumption in each question. Should the opposing counsel exchange hypothetical questions, the answer of every expert witness would be changed also.

"The expert opinions are of no value at all unless the assumptions contained in the hypothetical questions are proved true. If the jury believes the assumption in one hypothetical question the expert opinion based thereon is worthy of consideration; otherwise not. If these points were understood generally it would appear that the seeming clashing of expert opinion is in reality nothing of the sort, but that the opinions given are merely what they claim to be, honest answers to absolutely different questions."

Dr. Hammond proposed as a remedy the selection of experts by each side, in litigations, who would examine the plaintiff or defendant in each other's presence and in the presence of a stenographer, who should note all that was said and done in the examination. This, he said, would do much to secure unanimity of expert opinion.

"When everything has been said, however," he continued, "it must be admitted that expert medical testimony, which should be a valued scientific and honored method of assisting justice to know the truth, has been prostituted by those attorneys who are willing to lend themselves for such purposes. It is the medical expert himself who is to blame. When he recognizes the fact the remedy will quickly follow. The medical profession is respected everywhere but in the courts; let it be seen to that it is respected there."

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The Cantharides Blister

Once more Still has made a discovery "all alone by himself;" this time he enters the field "of realism," a true disciple "of the real thing." A blister is a real thing; two blisters are two real things. Still finds in the cantharides blister a real thing that is a joy forever among his cohorts, even though it stingeth like an adder and paineth like unto the first toothache. This time Still is of the opinion that he holds the trump card, and that Mary Baker Eddy and Dowie will have to take back seats in the iconoclastic circus, now that "he is it." His itness consists of having caused vaccination to go to the background, yes away back and sit down, while the cantharides blister under his direction blooms forth as the great preventive for smallpox, scarlet fever and all infectious diseases. He claims, and teaches his microcephalic followers, that the cantharides blister offers immunity from smallpox; he say "there is not a single case on record where smallpox has been contracted after this remedy has been properly applied." Shades of Jenner, is it possible that for all of these years the scientific world has followed a fetisch when they produced vaccination, and that the loud, but little cantharides blister, that potent little blister, has in it the embodiment of all that there is in immunity. Pray where are those learned discussions on immunity, serum therapy, clinical pathology, etc., etc., to be placed when Still comes galloping home on his "new hobby?" This little insignificant blister, this moss-covered blister, this pretty red blister, which is to give him immortality. Oh! Missouri, thou great Missouri, truly out of this great State there is to go forth an immortal—whose name should find a place in the Hall of Fame, and all because of a blister—a cantharides blister properly applied—the great immunizing agent, which compels smallpox, scarlatina, etc., to vanish from the coop. Still thou art a trump, and can take the cake for winning favor by the exercise of little intellectual effort in a come easy style. F. P. N.

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Dr. Christian Fenger, who died on March 7th, left an estate of $110,000, of which $100,000 is personal property. Mrs. Fenger is made executrix without bond.

The St. Louis Medical Society.

THE PRESENT administration of our local society is making this a year which must be memorable for the excellence of the papers presented and the work done by the society. That a good program will bring out a large attendance in spite of most disagreeable weather and will keep them all in their seats until a late hour was demonstrated on the evening of March 9th. The following program was presented:

"The Operative Treatment of Prostatic Obstruction" (Presentation of Cases and Specimens), by Dr. Bransford Lewis.

"The Application of the Cautery by a New Method for the Reduction of Prostatic Obstruction," by Dr. Wm. N. Wishard, of Indianapolis.

"Some Phases of Prostatic Surgery," by Dr. J. P. Bryson.

The paper of Dr. Lewis was one of the best, from every point of view, that was ever presented before the society. The doctor considered the various operations in detail and the indications for each. He clearly demonstrated that no one operator will make himself familiar with all methods and routes, and will, after careful examination in each individual case, be governed by the existing conditions in deciding which operation to employ. The paper was illustrated by splendidly executed drawings and clay models which were of decided assistance to its clearness.

Doctor Wishard is another authority on prostatic work; he considered the Freudenburg-Bottini operation and modifications thereof. He presented models of two instruments, original in design, which he believes will have marked advantage over the Freudenburg instrument. The points of advantage were demonstrated, and those present will feel considerable interest in the early clinical reports when the instruments are completed and in use.

Dr. Bryson's paper was more clinical in its nature than those before him. He reported several cases, presenting specimens, from which he drew lessons and conclusions, all of which were quite valuable in connection with the papers of the evening.

D. Roswell Park, of Buffalo, who was present, was called on to open the discussion. Considering the lateness of the hour Dr. Park did not take up the subject, but confined himself to remarks felicitous to the society and to St. Louis. The discussion was necessarily brief, several gentlemen having the floor. The remarks of Dr. Geo. Phillips and Dr. Lewis were a splendid close to a very interesting evening.

MCKINLEY'S DOCTORS' BILLS.—The bills of the physicians and surgeons who attended the late President McKinley at Buffalo have been forwarded to Washington and will soon be transmitted to Congress. We hear from Washington that the bills are exceedingly moderate, and can in no wise be looked upon as excessive. Instead of being $100,000, they aggregate about $50,000, and in this total are included not only the bills of the physicians, but also those of the nurses, the telegraph companies and the undertaker.

The Reviewer's Table.

Books, Reprints, and Instruments for this department, should be sent to the Editors, St. Louis.

THE MEDICINAL PLANTS OF THE PHILIPPINES. By T. H. Pardo de Tavera, Doctor en Medicina de la Facultad de Paris, etc. Translated and Revised by Jerome B. Thomas, Jr., A.B., M.D., Captain and Assistant Surgeon, U. S. V. Published by P. Blakiston's Son & Co., 1012 Walnut street. Philadelphia. 1901. (Price, $20.0 net.)

This book is of special interest to the physician and druggist inclined to the study of medical botany. The manufacturing pharmaceutical chemsit, too, will find the book of value and probably suggestive.

A MANUAL OF THE PRACTICE OF MEDICINE. By George Roe Lockwood, M.D., Professor of Practice in the Woman's Medical College of the New York infirmary. Second edition, revised and enlarged. Octavo volume of 847 pages, with 79 illustrations and 20 full-page plates. Philadelphia and London: W. B. Saunders & Co., 1901. (Cloth, $4 net.)

We have regarded Lockwood's manual, since its publication, as the best of the smaller works on Practice. This edition, by its thorough revision, sustains this belief; in fact makes more emphatic our admiration of it. New sections have been added, and as it now stands it is concise, complete and especially serviceable to the general practitioner, because of its elaboration of that essential part of a book on practice, viz., treatment. Treatment is considered in the light of all that is modern, practical and reliable. This is true, because it has stood the test of experience and clinical observation. We believe it will receive the unqualified approval of teachers and of experienced physicians as being of exceeding great usefulness to the student and to the physician. This edition is published in a larger volume than the former edition and presents the usual completeness in its making that has given Saunders his great reputation as a producer of strictly first-class publications. F.P. N.

PRACTICE OF MEDICINE. By Eminent Medical Specialists and Authorities. Edited by George Alexander Gibson, M.D., D. Sc., F.R.C.P. Ed., Physician to Royal Infirmary, Edinburgh. In two volumes. Philadelpha: J. B. Lippincott Company. 1901.

We have spent with great pleasure and profit, much time in reviewing this new work on practice, which is essentially the exponent of medicine as taught and practiced in England and Scotland. It is the product of joint authorship of men whose position and experience makes them the authorities of British medicine, and consequently its popularity is assured. It is not as elaborate in its scope as the masterly work of Allbutt, but it is

fresh, new and very thorough in its considerations of the great field of internal medicine. Conciseness and precision of statement are in evidence in presenting each subject, while the arrangement of the text represents scholarly deliberation in dealing with the needs of both the student and the practitioner. Volume I, appropriately and in a very commendable manner opens with discussion of the general pathology of disease. Ninety-nine pages, contributed mainly by one of the greatest of modern pathologists, Kanthack, whose untimely death occurred while engaged in the preparation of this article. It is representative of his scholarly attainments in pathology and his unusual ability to make interesting as well as instructive, this profound subject.

Immediately following this introduction on pathology, is section I, which is on "General Diseases," viz., typhus fever, typhoid fever, the exanthemata and general infectious diseases, etc., etc., are discussed with great ability by well-recognized authorities. Of these diseases the chapters on Tuberculosis are of especial interest and value. We believe every general practitioner of today should have at his command the valuable information so clearly stated in this text. Section II deals with "Diseases caused by animal parisites. Section II with diseases caused by chemical substances. Section IV which concludes volume I, is an elaborate, yet comprehensive treatise on the alimentary system, with chapters on Diseases of the Stomach by Martin, who gives clearly all that is modern in pathology, diagnosis and treatment of these obscure and confusing disease. The Diseases of the Intestines are ably considered by Hawkins, while the Diseases of the Liver and Pancreas, so wonderfully studied by English authorities are discussed by W. Hale White. The Diseases of the Peritoneum are fully presented by Gillespie. Volume II is a fitting climax of this valuable work. One grows more enthusiastic over the merits of Gibson in reviewing the intensely interesting chapters of this volume, which opens with a section on Diseases of the Blood, followed by one on the circulatory system, in which Bruce, Gibson, Brunton and Russell divide the honors. Section VII, on respiratory system; VIII on diseases of the kidney, and IX on the skin are representative of the modern methods throughout. We would call especial attention to section X, on the nervous system, which is the best treatise we have seen in the English language in works of this kind on Practice of Medicine. This is due, we believe, to the ability of the authors to appreciate the real needs of the general practitioner. The average physician pays little attention to such diseases, and when he does he is apt to become confused in his diagnosis, because of his failure to understand the significance of symptoms. Much of this confusion has been eliminated in this work, and the essential needs of the physician are presented in clear, unmistakable language.

Viewing the work as a whole, we believe it to be a triumph for precise medicine, scientific, clinical medicine and an index to the solid working facts, which after all is what the practitioner in the field is seeking. We unhesitatingly recommend Gibson to the American physicians, and congratulate Lippincott in giving it to the American medical public.

F. P. N.

OUR MONTHLY QUIZ.

Prizes Open to Fortnightly Subscribers.

TOPIC FOR APRIL.

3. **Best arrangement of the sick room in the home.**

TOPIC FOR MAY.

4. **The treatment of typhoid fever.**

Answers should reach this office not later than the 15th of the month.

Questions for discussion in this department are announced once a month.

For the best and most practical answer to any one of these questions we will give a prize of $5.00. To the second best a subscription to the FORTNIGHTLY for the year. The answers must be short, no one answer to contain more than four hundred words. We shall publish the substance of such of the answers as seem most likely to prove interesting to our readers.

Only subscribers to the FORTNIGHTLY will be recognized as competing (although we shall be pleased to hear from others who have ideas to suggest), and all persons known to be engaged in medical journalism are disqualified. Prizes will not be awarded to the same person more than once each year. Every answer must be accompanied by the writer's full name and address.

Fortnightlettes

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND ROYAL COLLEGE OF SURGEONS have placed upon their limited list of accredited colleges the Northwestern University Medical School, Chicago Medical College.

SURGEON JOSEPH J. KINYOUN, U. S. Marine Hospital Service, stationed at Detroit since his transfer from San Francisco a year ago, has resigned, and will reside in Philadelphia and devote himself to bacteriologic work.

AN ANTI-CORSET DECREE has been issued by the Minister of Education in Saxony, who holds that tight lacing is as fatal to intellectual development as the cigarette. By this decree no girl wearing a corset may attend the public schools or colleges.

GERHARD MENNEN, the manufacturer of the well-known talcum powder bearing his name, died at his home in Newark, N. J., on February 3. He was born in Bremen, Germany, forty-five years ago, and immigrated to this country when still a boy. Some twenty-five years ago he became the proprietor of a drug store in Newark, which he conducted until within a few years, when he found that his talcum-powder business demanded his undivided attention.

Recommendation has been made by Surgeon-General Rixey of the navy that the medical corps of the navy be increased by forty medical officers, this increase to be made by the addition of fifteen surgeons and twenty-five assistant surgeons.

Dr. J. E. Ferris, the popular representative of Frederick Stearns & Co., has been placed on the Michigan auxiliary committee for the World's Fair, and the aim of Mr. Ferris will be to promote and facilitate Michigan's interests at the St. Louis World's Fair.

The State Superintendent of Insurance has refused to permit the Physicians' Guarantee Company of Fort Wayne, Ind., to do business in Ohio. The company insures physicians against damages from malpractice suits. The rejection of the application was said to be based on the ground that the insurance laws make no provision for a company doing this kind of business. A test case will be made by the company.

The Alienist and Neurologist for April, 1902, will contain the following original articles: Outlines of Psychiatry in Clinical Lectures, by Prof. Wernicke; Gall's Special Organology, by P. J. Moebius, M. D.; Puberty and Genius, by Cesare Lombroso, M.D.; Juvenile Female Delinquents, by Eugene S. Talbot, M.D.; A Question of Figures, by E. C. Spitzka, M.D. Besides the usual editorials, selections, book notices, reviews, publisher's notices, etc. $5.00 per annum. Edited by Dr. C. H. Hughes. Address subscriptions to Henry L. Hughes, Manager and Publisher, 3857 Olive street, St. Louis, Mo.

The Committee on Pathologic Exhibit for the American Medical Association is anxious to secure materials for the coming session at Saratoga, June 10th to 13th inclusive. This exhibit was accorded much praise and comment during the sessions at Atlantic City and St. Paul respectively, where were collected valuable exhibits from all parts of the country. The materials included not only pathologic specimens, but the allied fields, bacteriology, hematology, physiology and biology were well represented. It would also be desirable to secure exhibits of new apparatus, charts, etc., used by teachers of pathology and physiology in medical colleges. This exhibit has already become a permanent feature of the annual sessions of the American Medical Association, and the committee is desirous of securing its list of exhibits as early as possible and to this end asks those having desirable materials to communicate with any member of the committee. To contribute to the value of the work, it is suggested that as far as possible each contributor select materials illustrative of one classification and by such specialization enhance the usefulness of the display. Those lending their materials may feel assured that good care will be given their exhibits while in the hands of the committee, and due credit will be given in the published reports.

F. M. Jeffries, 214 E. 34th St., New York City.
W. A. Evans, 103 State St., Suite 1403, Chicago, Ill.
Roger G. Perkins, West. Res. Med. School, Cleveland, O.
Committee on Pathologic Exhibit, American Medical Association.

American Physicians in Australia.—It is not generally known that the medical laws of Australia grant a five-year-course in medicine before receiving their degree. This law was passed in 1901. No graduate of an American medical school is permitted to practise his profession in Australia.

Foreign Universities for Women.—It is announced that two foreign universities for women will be opened next year, one at Tokio, and the other at Moscow. The Russian University for Women has been endowed by a wealthy merchant, M. Astraknoff, with 5,000,000 roubles. It will contain for the present only three academical faculties, medical, mathematical and physical science. The Russian Minister of Education, whose sympathy has been gained, cannot see his way as yet to the concession of a legal faculty.

Mr. Henry as a Plutocrat.—Mr. F. A. Henry, of the Henry Pharmacal Co., Louisville, Ky., well-known to the medical profession through his connection with French Lick Springs (Pluto), has recently acquired control of the waters of West Baden, and it is his intention to bring even more prominently before the medical profession the therapeutic value of the two famous sulpho-saline waters of this valley, Pluto of French Lick, and Sprudel of West Baden. They are always active, and very desirable saline purgatives for the surgical wards of hospitals and infirmaries and for home use by practitioners in the treatment of all diseases in which this class of waters are applicable.

St. Louis the Greatest Manufacturing City.—According to the New York Commercial, Tom L. Cannon, secretary of the Manufacturers' Association of St. Louis, is enthusiastic over the greatness of the Missouri city. From a manufacturing viewpoint he says St. Louis is a marvel. "We manufacture within the corporate limits of St. Louis ten per cent more goods than are manufactured within the corporate limits of any other American city," said Mr. Cannon today. "By this I mean that strictly in the limits; I don't include manufacturing districts. In shoes we have seven shoe houses whose products is $2,500,000; seventeen houses that made from $800,000 to $1,000,000 and twenty-three others. We lead by far in brewing. We have five steel range factories making steel ranges and stoves, and either one makes more than any individual factory in the United States. We make eighty-four per cent of all the ammonia in the world. As general distributors of hardware St. Louis leads, and we lead in the manufacture of dogskin gloves. We are second, if not first, in the manufacture of silk hats; we are second if not first, in the manufacture of ordinary shirts, having twenty-six shirt factories. We make more chemicals and patent medicines than any two cities in the United States. St. Louis is second, if not first, in the vehicle line and leads the country in the manufacture of street cars. We are close to the front in the manufacture of graniteware, and first in soap. Our factories employ more than 72,000 adults and produce over $500,000,000 in finished product and consume over $200,000,000 worth of raw material and pay out $120,000,000 annually in wages."

Original Department.

PAPERS for the Original Department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

Contributions, and books for review, should be sent to the Editors, 312 Century Building, St. Louis.

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Relations and Treatment of Suppuration of the Middle Ear.

By A. E. Prince, M. D.,

SPRINGFIELD, ILL.

Read before Brainard District Medical Society at Lincoln, October 24, 1901.

I HAVE chosen this subject because I am convinced from conversation with a large number of physicians that the profession at large has an inadequate comprehension of the importance of the subject. I shall consider myself mistaken, if, at this moment in the majority of your minds, the treatment of suppuration of the middle ear is not thought to be synonymous with the treatment of suppuration of the tympanic cavity.

During the past fifteen years the views of aurists have been undergoing gradual modification until now there is almost unanimity on the subject. The broader idea is gradually taking root in the mind of the general practitioner, and will finally be adopted by the public.

The more tardy the profession is to accept the modern teaching, the more lives will pay the penalty. The sacrifice of the life of Senator Conkling, on account of his prominence, has done more to form opinion than that of any other man. He developed an abscess in the antrum, which found no escape, and after being treated for neuralgia for some time, the pus invaded the cranial cavity. The development of cerebral symptoms led to a surgical consultation , and an operation was performed too late to save the life of the patient, but sufficed to demonstrate the true nature of the disease, and delivered the death-blow to the use of the word "neuralgia" in cases of this class.

In preparing this paper, I have not considered myself as addressing men whose special practice is in the field of surgery, but rather the general practitioner, who is rightfully always the first to be consulted, and whose duty it is to be informed regarding the progress of thought in all special lines, and especially those involving the preservation of life or the special senses.

The physician may not expect to extract a cataract, but he should be alert regarding the danger of confusing it with glaucoma. For the same reason, even though he may not expect to make a mastoid operation, he should recognize the significance of the various types of temporal pain, and no more overlook the cause of pain in the antrum than when due to an iritis or cyclitis. In the former case death might be the penalty attached to his ignorance or neglect; in the latter, blindness.

In presenting this subject, I want to make the case as strong as possible, for there are always those who think the specialist is likely to exaggerate the importance of his own specialty, so I will offer no excuse for introducing at the commencement, a page from the pen of one of the ablest surgeons in Europe.

Following, I will ask the examiners of life insurance companies to add their testimony, and I am sure every physician who has long been in practice, will have seen enough pyogenic meningitis of aural origin to need no further evidence to convince him that the subject is well worth our attention.

Dr. McEwen, in his classic work, "Pyogenic Meningitis and Brain Abscess," writes as follows:

"As a chronic purulent otitis media and the extension of inflammatory processes to the mastoid antrum and cells is the primary focus which leads most often to intracranial inflammatory lesions, the eradication of the otitis media must be regarded as the most potent factor in the prophylaxis of inflammatory cerebral lesions."

The treatment of middle ear disease is too frequently neglected. When the tympanic cavity has become the seat of chronic suppuration, with ulceration of the mucous membrane extending into the antrum and mastoid cells, it becomes a standing menace to the safety of the patient. The disease progresses insidiously, and one cannot be certain as to where and when it may end. A person might as well have a charge of dynamite in the mastoid antrum and cells, as one cannot know the moment when accidental circumstances may arise which may cause the infective matter to become widely disseminated all over the cerebro-spinal system. It is no part of the plan of this work to enter into the general treatment of aural disease, which is fully discussed in the many excellent treatises on diseases of the ear, to which the reader is referred. Chronic otorrhea is, however, much too lightly regarded, and is frequently considered as a mere inconvenience, instead of a menace to life. It is true that many affected with chronic purulent otitis media pass through a long life without suffering obtrusively from it, and may die from causes neither directly nor indirectly associated with it. On the other hand, the disease is one which advances insidiously, often without pain, until very extensive destruction

of the middle ear and the mastoid antrum and cells, with thinning of their osseous walls, and serious invasion of the meninges, the blood vessels, and the brain itself, occurs. The mere localized suppuration, continuing for many years, is a source of weakness tending to waxy or amyloid degeneration of the tissues. As long as the middle ear and its recesses are the seat of pus secretion, they are liable to become a focus for pathogenic organisms which may find their way into the general circulation, or by extension invade the meninges and brain. From this very small focus, the brain and cerebro-spinal meninges may become affected. One who has a chronic purulent otitis media is liable to have, with very little warning, a most serious, or even a fatal illness. Besides those who succumb to such diseases recognized during life, others do so from disease directly or indirectly the result of chronic otitis media and its extensions, but which are registered under the heading of its prominent sequelae, pneumonia, pleurisy, meningitis, etc. It is a fact that the records of most aural hospitals show that their patients are all confined to the earlier decades of life. This may be variously interpreted, but it is probable many people die from such sequelae before they reach forty years.

Under these circumstances, all persistent purulent discharges from the middle ear ought to be regarded seriously, and the medical attendant ought not to rest satisfied until the discharge is cured. If this cannot be accomplished after sufficient trial by the ordinary means at the disposal of the aurist, applied through the external auditory meatus, or Eustachian tube, then recourse ought to be had to operative treatment, directed, first to arresting encroachments of the disease toward the cerebral and cerebellae fossae; secondly, to opening the various recesses of the mastoid process and removing therefrom diseased membrane, granulation masses, cholesteatomatous debris and bone erosions contained therein; thirdly, to affording a free outlet to discharges which are otherwise pent up; and fourthly, to filling up these parts with fresh fibrous tissue, or to forming a permanent opening to the middle ear through the antrum."

INSURANCE.

There is no organization more prompt to appreciate the danger, and estimate the hazard attending any pathological process than insurance companies. There is no sentiment about them. They investigate the causes of death, and take steps to prevent those having or liable to have any hazardous disease from securing a policy. Most of the old companies have long since recognized the unwisdom of insuring those who are suffering with chronic otorrhea, and have a clause which requires the applicant to answer regarding the past or present existence of otorrhoea.

In order to bring the views of a number of medical directors before you, I have circulated copies of the following letter:

"Medical Director of The— ————Life Insurance Company.

My Dear Doctor: I am preparing a paper for the medical profession, the purpose of which is to popularize knowledge possessed by otologists regarding the danger to life attending neglect of chronic discharge from

the middle ear. I would be obliged if you would give me any facts bearing on this subject from the standpoint of safety or danger. I would be pleased to learn the attitude of your company towards accepting risks:

1st. When the applicant has a chronic otorrhea:

2d. When the discharge has ceased either spontaneously or through agency of medical treatment.

3d. When the applicant has been cured by a radical operation by which the antrum and mastoid cells have been obliterated.

Thanking you in advance for the trouble the answers to this communication may occasion you, I am,

Respectfully yours, (Signed) A. E. PRINCE."

The following are the answers received to the above letter:

NEW YORK, October 18, 1901.

A. E. Prince, M. D., Springfield, Ill.

Dear Doctor: Replying to yours of the 12th inst., we would say that our action in the first case, where the applicant has a chronic discharge, is to obtain information as to the amount, frequency and character of it. If it is extensive and offensive, indicating perhaps bone involvement we may issue a rated form of policy or decline. In the second-class of cases where the discharge has ceased either spontaneously or through the agency of medical treatment, and has been absent for say two or three years, we usually pay no attention to the history. The same procedure is true in the third classification where the radical operation has been performed.

Yours truly, THOMAS H. WILLARD,
Medical Director of the Metropolitan Life Insurance Company.

NEW YORK, October 17, 1901.

A. E. Prince, M. D., Springfield, Ill.

My Dear Doctor: I beg to acknowledge the receipt of your favor of the 12th inst., in which you ask what our practice is in treating cases afflicted with middle ear disease. All cases who are having a constant discharge, purulent in character, but with no more marked symptoms of trouble, we accept, charging an extra premium because of the impairment. All cases having a constant purulent discharge of a bad odor, or with any history of discharging blood or gritty substance we absolutely decline. In cases where there has been a discharge and it has ceased, if the cavity of the ear is dry and no other symptoms exist, we accept. Where there is an occasional intermittent and trivial serous discharge, it is not regarded. In cases where the applicant has been cured by a radical operation—that is, by which the antrum and mastoid cells have been obliterated, if, after a lapse of a year or two there has been no further trouble, we also accept, after a most careful examination. We, however, have had but very few of the latter cases presented to us, the last one occurring a few months ago. An operation had been performed and described to us as usual, but there was a discharge. We refused to accept. The applicant appeared at the home office and we found the discharge to be purulent, of a very fetid odor, and he gave a history of considerable pain in the region. This case we absolutely declined.

I have not on hand any absolute statistics to furnish you, but we have met with a number of cases where death has occurred from an inflammation of the brain beginning as a simple otorrhea. Just the proportion or rate of mortality I am unable to give you. We consider cases coming under the above mentioned headings, where the discharge is fetid, to be very unfavorable for life assurance purposes.

Very truly yours, W. R. Bross, M. D.
Ass't. Med. Dir. of the Equitable Life Assurance Society.

Philadelphia, Pa., October 17, 1901.

A. E. Prince, M. D., Springfield, Ill.

Dear Sir: Replying to the question in your letter of the 12th of October, I would say that generally speaking, each case is decided on its own merits. When an applicant for insurance gives a history of chronic discharge from the ear we obtain the particulars of such discharge, ascertaining first, if possible, its causation, second its duration, third its character, fourth whether there have been any symptoms of pain, if so, to what they have been due, how long continued, and what treatment has been necessary for their relief. If we have discovered as the result of such inquiry that the discharge is of long standing, that there has been no mastoid involvement, that his general health is otherwise good, that examination shows no evident mal-formation in the canal or fundus, we issue a policy on a modified plan, usually with an extra charge. In answer to your second inquiry, a similar line of investigation is pursued as for your first. If the discharge ceased in youth, after a short existence, and years have passed without any recurrence, we usually pay no attention to such history, other things being equal. In fact the length of time occupied by the affection, its severity, its effect on the general health, and the length of time since its cessation, determine whether the applicant should be accepted by us at our usual rates or with some extra.

The third question is answered in a similar manner, of course especial attention being paid to the symptoms, focal or otherwise, for which operation was performed, the length of time since the operation, with the results thereof. Radical cure in youth and no recurrence is not generally regarded as of moment. Recent operation with no sequel, or recent operation indicated by symptoms other than those usual to acute mastoiditis, render the applicant uninsurable.

I hope that I have answered your questions to your satisfaction, and will be pleased to see the result of your investigation.

Very truly, W. H. King, M. D.
The Fidelity Life Insurance Company.

New York, October 16, 1901.

A. E. Prince, M. D., Springfield, Ill.

Dear Sir: In reply to your note of inquiry regarding the position which this company assumes in the treatment of applicants suffering from chronic aural disease, I would state that when an applicant has chronic discharge and we are able to establish a correct diagnosis by a competent observer, the applicant presents no other unfavorable features, we have, on

rare occasions, accepted this class of cases on ordinary life terms; but as a rule they are relegated to our substandard or underaverage class of lives.

In answer to your second question, as to when the discharge has ceased for a considerable period of time, say three or four years, either spontaneously or through the agency of medical treatment—it has been the practice of this company to accept such risks on its ordinary terms.

Third, when an applicant has been cured by a radical operation by which the antrum and mastoid cells have been obliterated, after a lapse of a year we have accepted these risks on our ordinary rates.

The position of this company in its treatment of underaverage lives, and the fact that we accept applicants in impaired health on appropriate plans, when not suffering from an acute disease or when they show no extra moral hazard, is well known at the present time.

Very truly yours, S. Oakley Vander Pool, M.D.
Medical Director New York Life Insurance Company.

Cincinnati, O., October 14, 1901.

A. E. Prince, M. D., Springfield, Ill.

Dear Doctor: We are in receipt of you favor of the 12th inst., asking some questions to be answered, and which we return to you answered according to our rules.

1st. When the applicant has a chronic discharge. Postpone.

2d. When the discharge has ceased either spontaneously or through the agency of medical treatment. Accept one year afterwards.

3d. When the applicant has been cured by a radical operation by which the antrum and mastoid cells have been obliterated. Reject.

Hoping this will be satisfactory to you, we are,

Very truly yours, Clark W. Davis, M. D.,
Medical Director of the Union Central Life Insurance Company.

Hartford, Conn., October 15, 1901.

A. E. Prince, M. D., Springfield, Ill.

Dear Doctor: In answer to your favor of the 12th asking our opinion regarding chronic otorrhea, I beg to say that while we regard such cases with some question, and endeavor to ascertain the nature, duration and extent of the disease causing the discharge, the data at our command is hardly sufficient to enable me to answer your questions. Regretting that I cannot comply with your request, I remain,

Very truly yours, Edward K. Root, M. D.,
Associate Medical Director of the Aetna Life Insurance Company.

Newark, N. J., October 15, 1901.

A. E. Prince, M. D., Springfield, Ill.

Dear Sir: In reply to your favor of the 12th inst., regarding applicants who have had chronic discharge from the middle ear, would say, we are unable to give you any positive statistical information, since we have always refused applicants who have or have been subject to such discharge. It is, of course, unnecessary for us to say that our objections are based upon the danger to which these people are exposed from serious inflamma-

tory disease. It may, however, be satisfactory if we answer your questions categorically. First, when the applicant has a chronic discharge we invariably decline. Second, when the discharge has ceased either spontaneously or through the agency of medical treatment, we require a careful examination of the ear and a statement as to the actual disease formerly existing. If a reasonable interval has elapsed and the discharge was not purulent or offensive, and had lasted but a short time, we might favorably consider. Third, when the applicant has been cured by a radical operation by which the antrum and mastoid cells have been obliterated, we should be guided by the present condition of the injured parts and the interval that had elapsed since the operation.

Regretting that we are unable to give you any mortality statistics connected with this class, we remain,

Yours truly, Edgar Holden, M. D.,
President Medical Board of the Mutual Benefit Life Insurance Company.

Newark, N. J., October 15, 1901.

A. E. Prince, M D., Springfield, Ill.

Dear Doctor: Your favor of October 12th at hand. We reply to your questions seriatim:

First.—Applicants having a chronic discharge from the ear are accepted with the addition of an extra premium, perhaps $\frac{1}{4}$ of 1 per cent of the amount of insurance, if the party has a slight serous discharge which is intermittent, non-purulent and non-offensive. If the discharge is abundant or offensive or purulent, the risk is declined, and consequently is lost sight of entirely.

Second.—If an applicant has given a history of a discharge from the ear and it has been cured either spontaneously or through the agency of medical treatment, and a sufficient period of time has elapsed to show that the cure is probably permanent, with or without slight impairment of hearing, the risk is accepted usually without extra premium.

Third.—When the applicant has been cured by radical operation with obliteration of the mastoid cells, and two to five years have elapsed since the operation, with perfect and continued recovery in the meanwhile, the risk is accepted.

We regret to say that we cannot furnish you with any statistics as to the results of such selection at present—no special investigation has been made along this line.

With sincere regards, I remain,

Yours truly, Edward H. Hamill,
Medical Director of the Prudential Life Insurance Company.

Philadelphia, Pa., October 15, 1901.

A. E. Prince, M. D., Springfield, Ill.

Dear Doctor: Replying to your favor of the 12th inst., we do not accept applicants who have a chronic discharge from the ear. Acceptance depends upon the cause when the discharge has ceased either spontaneously or through the agency of medical treatment. We do not accept when the applicant has been cured by a radical operation by which the

antrum and mastoid cells have been obliterated. In fact very few cases of middle ear disease, past or present, are favorably considered.

Very truly yours, Oliver P. Rex, M. D.,
Medical Director of the Penn Mutual Life Insurance Company.

Springfield Mass., October 15, 1901.

A. E. Prince, M. D., Springfield, Ill.

Dear Sir: We have yours of the 12th inst. In answer to question No. 1. I would say that we do not accept applicants with a continuous chronic discharge from the ear. We sometimes take them if the discharge is intermittent. In answer to question No. 2. we generally accept applicants who have had a discharge from the ear which has ceased, either spontaneously or as a result of treatment. In answer to question No. 3, I would say that we have never had an application from a person whose antrum or mastoid cells have been obliterated.

Yours truly, F. W. Chapin, M. D.,
Medical Examiner of the Massachusetts Mutual Life Insurance Co.

TESTIMONY OF PHYSICIANS.

I have asked a number of physicians whose experience extends over a considerable period of years to give me notes of any case which may be recalled in which death has been traceable to meningitis due to middle ear disease.

Almost every physician asked has been able to recall one or more deaths which he knew or believed to be due to meningitis of aural origin, and which might have been prevented by a timely and well-directed effort. I regret that the limitation of time and tax on your patience prevents the incorporation of the correspondence from various sources into this paper.

I shall content myself by the citation of one example furnished by Drs. L. C. and A. D. Taylor, which is the only one verified by a post mortem.

Mr. ——— had suffered for two years with a chronic offensive otorrhea, which had refused to yield to treatment. On his way home from town he had a chill, and this was accompanied by fever and pain. He became delirious, and acted like an insane man. He might have been called hysterical except for a temperature of 103 deg. F. at the date of being first seen. We did not at first associate the symptoms with the chronic ear discharge. The pain was general when first seen, and no discharge from the ear was present at the time. At the second visit the facts were obtained, and a correct diagnosis made, which was verified by the post mortem made two days later. It proved to be a case of extra aural abscess. An abundance of pus was found in the middle fossa between the skull and dura mater, which was traceable to a perforation through the tegmen of the antrum.

I have no doubt that there are hundreds of these cases of so-called idiopathic meningitis which are really pyogenic meningitis, which would not take place under a better understanding by the profession on the subject.

In continuation of this phase of the subject, I will ask the reader if he has had any cases of otorrhea which have terminated fatally without superficial mastoid symptoms, if he will kindly send me a brief summary which will be incorporated in a subsequent paper on "Pyogenic Meningitis.".

FOURTH RELATION—FREQUENCY OF DEATH.

In answer to the inquiry which has been raised relative to the percentage of mortality as related to the total number of cases of chronic otorrhea, I will say that I have been unable to secure the facts.

True it is that the great majority of cases of chronic otorrhea do not die from meningitis, and besides the apparent number is rendered still smaller by the absence of statistics. Heretofore physicians have not been in the habit of associating meningitis with pyogenic infection to any great extent, hence the true cause is seldom recognized.

The number of cases, however, in any community, which have died in which the superficial symptoms have been sufficiently pronounced to enforce its recognition is by no means small. Active mastoid abscess is sufficiently frequent to make the public recognize the seriousness of the disease, and dread its consequence as much as appendicitis or pneumonia.

In emphasis of the importance which the subject bears to the general mortality statistics, I quote a tabulation of deaths in Philadelphia during a period of ten years. During this time there were 117,000 deaths, 6,743 of which were attributed to inflammation of the brain and 27,294 to consumption. Inflammation of the brain was held accountable for one-fourth as many deaths as tuberculosis, and more than either diphtheria (6,605), inflammation of the stomach and bowels (6,384), typhoid fever (6,276), apoplexy (4,984), or scarlet fever (3,127).

ANATOMY.

Assuming that the danger attending neglected cases of intractable otorrhea is established, it will be helpful to our purpose to define the limits of the middle ear, and refer to the anatomical relations which are of surgical importance.

The external ear consists of the auricle and external auditory meatus down to the tympanum. The internal ear consists of the cochlea and the semi-circular canals. All the balance is the middle ear. It commences with the Eustachian tube and includes the tympanic cavity, antrum and mastoid cells.

I do not want to take up your time with a rehearsal of the intricate details which you will find in any anatomy. My purpose can be accomplished in a few words by the exhibition of a specimen.

In this skull I have made a semi-lunar incision back of the ear, and separated the soft parts by means of a speculum. The periosteum and membraneous meatus have been pushed forward and separated from the osseus meatus, giving access to the tympanum. By means of a chisel, the posterior walls of the osseous meatus have been cut away, back to the posterior boundary of the mastoid which separates the mastoid from the sigmoid sinus.

The dissection has been carried upward and inward so as to open the antrum, which is on a plane with the attic of the tympanum. This exposes the roof of the antrum, which is a thin lamella of bone which is continuous with the roof or tegmen of the tympanum, and separates the middle ear from the brain.

It is as thin as the finger nail, often perforated in the physiological state and posseses apertures which accommodate the passage of arteries, veins and lymphatics which furnish a passage to the micro-organisms which infest the middle ear.

By holding the skull so that the light may enter the calvarium, one will be struck by the middle extreme translucency of the walls at the points where the middle ear cavities are separated from the dura mater of the middle cranial fossa and sigmoid sinus. The observation of this preparation will convince anyone that the surprise is, not that so many develop pyogenic meningitis and brain abscess, but that so few of the thousands who harbor septic pus in the middle ear, suffer from the effects of the extension of pyogenic infective material into the cranial cavity.

The examination of a selected series of the mastoid bones, which are the property of Dr. Amberg of Detroit, exhibits the great varieties in the relations of the cells, which are to be found in the mastoid and which are a constant source of surprise to the amateur. The only cell which is constantly present is the antrum, which connects directly with the tympanum and even this may be obliterated by a pathological process.

I recently operated on a girl eighteen years of age, who had suffered for sixteen years from a chronic mastoid abscess. She had removed from time to time, thirty pieces of bone. An opening into the mastoid demonstrated the vis medicatrix naturae, for almost the entire bone was found to be solid.

The mastoid cells exhibit these variations in the distance between the posterior wall of the meatus and the sigcase, a novice could make an operation with safety, while in the former, great care would be required to avoid wounding the sigmoid sinus.

Besides the anomalous varieties in the distance of the sinus from the external auditory meatus, the apparent caprice in the arrangement of the cells is a never-ending source of surprise.

In one specimen, the bone is like ivory from the outer table to the antrum, which is a small cavity in the petrous bone, to find which, might puzzle the operator; in another, the entire mastoid is like a porous sponge. In the former case, the danger would be magnified by delay unless the pus found an escape through the meatus or the Eustachian tube. In the latter the pus would be likely to invade the superficial cells, and become readily apparent, and invite the surgeon to assist nature in her efforts at spontaneous perforation.

The superficial surgeon, who, for his first experience, is fortunate enough to encounter a case of this class, is often led to make a low estimate of the necessity of accurate knowledge of mastoid anatomy. I was recently told by a surgeon whose experience had fortunately been limited to two such cases, that there was nothing easier than an operation for mastoid abscess.

Some of these specimens exhibit cells which separate the cranial cavity from the tympanum. An abscess in such cell may perforate over the zygomatic arch. I have had two cases this spring in which the pus burrowed down under the arch, forming an abscess which was opened through the parotid gland. Another specimen exhibits a cell three-quarters of an inch long extending upward and backward. Still another reveals a sinus in this bone as distinct as the frontal sinus extending backward between the sigmoid groove and the outer table. The obliteration of the sinus might require the removal of the bone for a distance of thirty-five mm. from the posterior wall of the osseous meatus.

One of the specimens shows a continuous channel from cell to cell from this antrum to tip of the mastoid, the perforation of which would convey the pus into the digastric groove. In such a case the pus would burrow down in front or back of the sterno-cleido-mastoid.

In the former case they may penetrate into the pharynx, and recover spontaneously, but the danger of forming a pus sinus along the important vascular structures is such as to make the expectant treatment in such a case very hazardous.

In infants the antrum is the only cell in existence formed by the independent development of the squamous and mastoid. This constitutes a safeguard, for through the squamous the pus readily escapes under the periosteum.

In these cases a simple incision down to the bone, known as Wild's incision, will usually suffice. This incision is futile in the adult, for the tissue is so unyielding that nothing short of an opening down to the antrum is regarded as securing safety.

[TO BE CONTINUED.]

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To Remove Dandruff.—According to *Merk's Report*, among the remedies which have been found to be most serviceable in the treatment of dandruff are resorcin, tannoform, salicylate acid and boric acid. The following mixture is recommended as being most efficacious:

℞ Resorcin ..... ʒi
Tannoform ..... ʒi
Acidi salicylate ..... gr. v

Misce. Dissolve the powder in three ounces of alcohol and one ounce of water and filter. Sig.: Apply locally to the scalp.

Or:

℞ Resorcin ..... ʒi
Acidi borici ..... ʒss
Aquae ..... ʒiv

M. Sig.: Apply locally to the scalp.

The foregoing ingredients may be incorporated with an ointment if desired, such as aquae unguentum rosae (cold cream), adeps lanae hydrosus, petrolatum, etc.

"Birth-marks."

By David W. Reid, M. D.,
JACKSONVILLE, ILL.

THE belief in birth-marks is very old. When Jacob placed striped rods before the pregnant ewes of Laban's flock to encourage the production of mottled and parti-colored lambs, he acted upon a current superstition of the time. As the life of the offspring in utero is wholly dependent upon the mother, what more natural, in the absence of any positive knowledge of physiology, or even anatomy, than to attribute any unusual blemish or marking of the offspring to some correspondent incident, or accident, on the part of the mother?

But the time for taking such things for granted is past, and we find ourselves asking, how and why? How does the mother nourish the fetus? What is the relation of the child to the mother after conception and during pregnancy? Is the child part of the mother during this period? By no means. The fetus floats in a closed cavity within the body of the mother. The mother keeps it warm; protects it from external violence and keeps the placental tissue charged with blood from which, as from a well-filled larder, the fetus draws its nourishment; after birth the child's base of supply is changed from the placenta to the breast. Further than this, she has no connection with the fetus. There are no nerves passing from mother to child. There is not only no nerve connection between mother and child, but there is no direct vascular connection. The fetus has both an independent nervous system, and an independent circulatory system, the point of connection between the two being the placenta, in which the blood of both circulates, separated by delicate membranes, resembling the circulation of the blood in the lungs after birth.

The mental states of the mother are not reflected upon the brain of the fetus. Even should the mother die suddenly, the fetus suffers in no way till the supply of blood in the placenta is exhausted, when it dies also if not delivered immediately.

A birth-mark, whether a mere pigmentation of the skin, or an extra finger, an extra foot, or the absence of one, is due either to a deficiency or a superabundance of cell elements in the part affected, and it is hard to imagine any manner in which a fright or a longing, or the sight of a deformed person, or a wild beast, or a reptile could so change the blood supplied to the placenta, that it would alter either the number or the arrangement of the cells in such a manner as to cause any resemblance to the object seen by the mother. To the credulous laity a simple mark or discoloration may be the work of a moment produced by a mental impression upon the mother, but to the scientist it is the deposition of a myriad of pigment cells, or the dilatation, perhaps the multiplication of veins and capillaries, and he asks the question, How?

The number of more or less serious accidents, frights, sights and longings as compared with the relatively small number of birth-marks is an argument against their causal relation. Few women pass through nine

months of the most imaginative period of their lives without seeing or hearing or feeling something that can afterwards be recalled to account for any possible abnormality in the physical, mental or moral development of the child. Yet so seldom do physicians see a "marked" child, that when the mother's first question is heard, "Is it all right," we say yes before we have had time to count the trees or look for the strawberry marks.

More than this; most of the so-called maternal impressions are reported as happening in the later months of pregnancy, after the fetus is fully formed, and when a "mark" would mean not a hypertrophy, or an arrest of development, but a substitution of an abnormal for normal tissue. No "impression" is worthy of consideration whose occurrence does not tally with the period of development of the tissues affected. It is easy to see how a shock or a fright may so injure the mother as to interfere with the nutrition of the child. We can even imagine a sudden check to the tissues in process of formation at that time by such a cause, but to see how a fright, caused by the sight of a decapitated hen could react upon the head, rather than upon the foot of the fetus, or how the fetal blood supply could be so altered as to add to or subtract from the number of toes on a child's foot, just because the shock to the mother was caused by the sight of a crippled foot, rather than by an ague chill, is something beyond the power of our imagination.

There are men, however, who would laugh at birth-marks and intra-uterine malformations, as due to mental conditions of the mother, who still hold to the possibility of nervous changes in the offspring due to the influence of the mother upon the child in utero, but the trend of thought of today is toward the belief that not only are "birth-marks" in the ordinary sense a fallacy, but that it is impossible for any outside influence, such as a fright, or a longing, or a condition of happiness, or the opposite, on the part of the mother to have the slightest effect upon the development of the fetus, either in the mental, moral or nervous aspect, provided the nourishment of the fetus be not interferred with.

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Relative Digestibility of Breads Made with Different Leavening Agents (Everhart, Atlanta Journal-Record of Medicine).—The experiments were made on breads made with alum, cream of tartar and phosphate baking powders, upon soda-buttermilk biscuits, and upon yeast bread. Saliva, a mixture of saliva and gastric juice, and a mixture of saliva, gastric juice, and pancreatic juice were used. The following results were obtained. In the amount of starch converted into sugar by saliva, phosphate bread was first, then alum, soda, cream of tartar, and last yeast. The same proportions exist after the action of the other ferments. With regard to proteids alum was first, yeast next, then cream of tartar, and last soda and phosphate. The low standing of the soda-buttermilk bread is probably due to alkalinity and the phosphate to imperfect mixing. In the author's experiments the amount of sugar in solution decreased as digestion advanced, which leads him to think that sugar is not the ultimate change produced in digestion.

Some Observations on the Recognition and Treatment of Trachoma of the Female Genital Tract.

By John A. Hale, M. D.,

ALTO PASS, ILL.

UNLESS a practitioner comprehends the cause of an ailment all his efforts at treatment come to naught. The man who seeks the cause of each condition and combats that cause is the man who can the more readily assert the possibility of an ultimate cure; the one matter of greatest importance to the patient consulting him; and among all conditions that fall under the care of the general practitioner, to none can this reasoning be more aptly applied than to those varied and troublesome affections of the female genital mucosa.

Too frequently is the physician content with routine treatment, medicinally opposing the almost ever present "discharge," a gradual suppression of which is taken by both the attendant and patient as a positive symptom of the disappearance of the disease. Later on both learn differently, to the sorrow of the patient in suffering and pecuniary loss to the attendant.

To this lack of attentive technique in gynecological diagnosis and treatment is attributable the fact that we hear so little of trachoma of the female genital tract. Current medical literature makes occasional mention of kraurosis vulvae and vascular degeneration of the genital organs, but only once in considerable reading has the writer found definite mention of a series of investigations of trachomatous conditions of the vagina. Despite the fact that some of our best laborers have failed to establish the identity of a special micro-organism for trachoma of the eye it is to be hoped that no one doubts the entity of such a disease. Then, if this disease is a distinct pathologic entity of the conjunctival mucosa, it seems reasonable to believe that it might be found affecting other mucous surfaces. The symptoms are pathognomonic, irrespective of the location of the involved mucosa and the detailed differentiation between vaginal trachoma and other forms of vaginitis is as demonstrable as between conjunctival trachoma and other inflammations.

Unless there be a mixed infection, with pus-forming microbes present, trachoma of the vaginal tract, like its prototype of the eye, exhibits heightened inflammation with feeble exudation, and what exudation we do find is of a thin, watery consistency, and not thick, creamy and pus like. Only occasionally is pus found in these true, singly infected cases, and then it is easily traceable to acute exacerbation of the inflammatory process, due to some aggravation of the newly formed tissue. Frequently there is found a gonorrheal disintegration of the vaginal mucous membrane, but differential diagnosis between it and trachoma should not be difficult, for in gonorrheal vaginitis there is always a history of specific infection and a self-limited course in duration of the causative factor. Again, in gonorrheal vaginitis we rarely meet with persistent vaginismus,

while in trachoma it is almost an ever present annoyance, persistent from the involvement of peripheral nerve filaments in the new tissue formation concomitant with this condition.

Sometimes we may find vaginitis from a uterine discharge which might complicate a differential diagnosis, but when we remember that in such conditions the tract of inflammation is downward from the os, as is easily recognizable, a definite diagnosis should not be deferred.

Now, with the pathognomonic indications of a thin, watery discharge, no history of specific infection, the peculiar rice-grain surface of the mucosa from enlarged papillae and bleeding fisures, persistent vaginismus, increasing constitutional nervousness from peripheral nerve involvement in the new tissue formation of denuded surface, and in well developed cases, cicatricial formation, oftentimes demanding surgical interference, is it not well to suspect that we have the same condition as frequently met with in conjunctival trachoma, and to at least so diagnose this condition until the microscopists "throw more light" on this affection as well as that of the ocular mucosa.

From the writer's observations, no age limit can be placed on this affection, for it has been found in a widow of sixty odd years, in married women, and once in a young lady of undoubted probity, who was only eighteen years old.

Some investigators along this line have noted a close connection and associaion of persons so afflicted with those suffering from ocular trachoma and the writer believes that future observers will remark a clearer connection when professional attention fixes itself upon facts as clinically shown in these cases; for symptom grouping of its origin, its course and termination clearly point to a typical trachoma of this membrane.

It seems needless to mention the fact that on account of proximity there is frequent involvement of the urethral mucous membrane requiring appropriate consideration.

After recognition of this disease the practical question is one of treatment, and in this, as in all other cases of vaginal affections with discharge, the happiest results are only met with in treatment, preceded by a thorough cleansing and disinfecting of the vaginal mucosa. This cleansing cannot be properly accomplished by the patient and must be attended to by the physician or a skilled nurse under his direct supervision. Pain in manipulation is a predominating feature in these cases, and the writer, first of all, in the cleansing process, uses copious injections of warm water slightly impregnated with hops for the two-fold purpose of washing away collected discharge and quieting the pain and tenderness. After a few minutes repose the canal is wiped dry with pledgets of aseptic cotton followed by a liberal and oft repeated application of hydrogen peroxide, rubbed well into the fissures and wiped thoroughly dry. This part of the process cannot be made thorough without the aid of a speculum, for without the speculum the vaginal canal can not be distended sufficiently to obliterate the folds of mucous membrane, yet with its use one must avoid increase of inflammatory process by injury to the fissures.

After this cleansing process comes the true treatment of the disease. It had been the writer's habit in the first few cases coming to him to rely

wholly upon liberal applications of mercuric-bichloride solutions in appropriate strengths, but repeated testing of such solutions revealed the fact that for permanent relief the strength necessary caused local irritation by penetrating the tissues to such an extent that repeated treatment, as often as required, was out of the question. Astringents would not answer, as is obvious, when treatment must be given daily for at least a week, then twice or thrice a week.

Protargol has met the requirements in the writer's hands in the treatment of these cases, for in it he has found a remedy of no appreciable astringent powers, easily soluble, not easily precepitable by albumen or saline solutions, neutral in reaction and of high germicidal power, which makes it especially efficacious in such of these cases as are of mixed infection. To its penetrating power without causing pain or irritation is due its greatest field of usefulness, and while each practitioner will find his own desired strength for local application on pledgets of aseptic cotton, the writer has found protargol 10 parts, glycerine 40 parts and water 50 parts, the combination more nearly meeting the requirements of the average case presenting itself for treatment.

Would that time permitted a detailed discussion of each individual case treated, but suffice to say that the two cases here with appended give the method of procedure in all cases.

Case I.—Miss E. B., age 22, house girl, antecedents good, low heavy build, ocular trachoma and all symptoms of vaginal trachoma as heretofore mentioned. Ocular trachoma was not severe, and while at the first consultation she wished something for her eyes, the writer was consulted for the disagreeable vaginal trouble and excessive nervousness. Introduction of the index finger into the vaginal tract caused the patient to writhe and groan with agony and produced tonic spasms of vaginismus. There was positively no history of specific infection, and up to the time of consultation it had been two years since the trouble had been noticed, and had since then been growing worse. There was considerable blocking of the canal by cicatricial tissue formation, but not sufficient to warrant gynoplasty. Employed thorough cleansing and protargol treatment, as advocated in this paper, for a month, then thrice a week for one month, and then twice a week for three months. Placed her on syrup of hypophosphites compound. Gave instructions regarding constipation and general suggestion concerning personal hygiene, together with a liberal supply of 1 to 500 protargol solution for injection twice daily. Re-examination monthly since active treament stopped shows evidence in plenty of a complete cure from further encroachment to the canal tissues. In fact the cure is complete so far as destructive power of the disease is concerned, although the virgin integrity of the vagina will never be restored. It is well to add that the nervousness was relieved almost immediately after the first treatment and has never returned.

Case IV.—Mrs. P., widow, age 62, healthy otherwise for one of that age, slight in build, exhibiting every symptom of condition as found in other such cases of trachoma of the vagina. Passed her climacteric at the

age of 48 when present trouble soon appeared, gradually growing worse. Upon examinaion found same trouble with excruciating pain, vaginismus, and a vagina almost wholly occluded with cicatricial tissue. At this age operative procedure was inadvisable for obvious reasons and the hot water cleansing and protargol treatment was instituted as best it could be under the circumstances, with the best of results secured in a remarkably short time.

In closing I will say that in all cases coming under observation the similarity of symptoms to those of ocular trachoma was very apparent, and the writer can but reiterate the words expressed in a previously preparedpaper upon this subject: Human knowledge is not as yet exact in detail, and very often have correctly interpreted phenomena awaited long for the substantiated proofs necessary to conviction, and the purpose of this paper shall have been accomplished if the reading of it creates a thought in the minds of practitioners which will eventually develop the proof he seeks, and bring forth an early recognition of this trouble in cases coming to the general practitioner.

Cancer of the Uterine Neck with Comments on the Present-Day Teaching (Baldy, American Medicine, August 3, 1901).—Cancer of the neck of the womb is practically incurable. At the present time there is no cure for cancer short of surgery. Forming our own conclusions from the Johns Hopkins Hospital reports: there were 73 cases of cancer of the cervix operated on; 10 cases are alive today, or 20 per cent; but 8 cases were rejected as non-operable, so that the true per cent is a little over 10. Of these 15 patients the diagnosis was only made because of the excellent care and skill exercised at Johns Hopkins, both clinically and microscopically, by as good experts as there are anywhere, so that in other sections of the country that per cent would not hold. Then these 15 patients, who are reported cured 9 have only passed from 10 months to $2\frac{1}{2}$ years since their operation; only 6 are alive from 3 to 6 years after their operation. Who can say that every one of the 9 under $2\frac{1}{2}$ years will not die of the disease in the next $2\frac{1}{2}$ years? These same statistics report a number of cases who have died $4\frac{1}{4}$ and 5 years after operation. In view of these facts the real per cent would probably be 2 per cent. Winter's statistics show almost the same results when analyzed. In teaching, these statistics and the use of the microscope should be emphasized, i. e., there should be a full realization of the facts as they stand, and the importance of the early discovery of the disease must be insisted on. As soon as the diagnosis is made the case should be immediately hurried to the surgeon, for even with early operation only from 2 per cent to 5 per cent are cured. The clinical signs that are to be watched out for are, 1. A show of blood from the genitalia after the menopause, or if there should be a show of blood during menstrual life, that occurs between the regular periods. 2. A deterioration in the general health. The clinical symptoms should decide the operator, not the microscope alone; or in spite of the microscopical findings, if they are negative, and the symptoms are positive.

Monographs on Nervous Diseases

With Especial Reference to Hygiene, Nursing and Therapeutics.

Paralysis Agitans—Shaking Palsy.

By F. Savary Pearce, M. D.,

PHILADELPHIA,

Professor of Nervous and Mental Diseases in the Medico-Chirurgical College of Philadelphia; Neurologist to the Philadelphia Hospital.

PARALYSIS AGITANS is a disease occurring more frequently about the fifth decade of life. The name Parkinson's disease is also applied.

There is no known definite pathological condition underlying the malady, the name itself describes very well the symptomatoogy of the disorder. The cardinal features are, therefore, paresis accompanied by fine constant tremor, beginning as a rule in the hands, face and lips, gradually spreading until the entire musculature is involved. The tremor is a continous one in the majority of cases when the disease has become well established, although there is the exceptionally rare case that does not manifest tremor only periodically. The tremor is never what we designate an intention tremor, i. e., one brought out by voluntary movement of the parts; in this, we have a diagnostic symptom, as between it and insular sclerosis of the spinal cord in which there is generally marked intention tremor. Signs of paralysis agitans are a masked expression, the so-called "wooden face," due to rigidity and immobility of the muscles of expression. With this there is slowness of cerebration, and more so still of articulation due to mechanical interference with speech from lingual and pharyngeal involvement in the muscular rigidity with paresis. There is as the disease slowly advances, drooling of saliva, very marked stooping of the body with rigidity of the neck, an assumption of the pill-rolling position of the hands and fingers, and finally the festinating gait or running gait, as it is someimes called. This gait is really an exaggeration of that of old age, and in which the patient is said to be running after his center of gravity (not an inapt term). If the subject feels himself falling forward, the term propulsion is implied; if he has the sense of falling backwards, we designate it retropulsion. The circulation is generally feeble in these patients, cardiac palpitation is not uncommon upon slight exertion, there is usually marked arterio-sclerosis, and frequently irido-plegia in myosis. The tremor in its incipiency is also more marked when the patient is relaxed, though it is exaggerated with the relaxation following extraordinary exertion for him; and finally tremor may become so large and persistent that sleep is prevented from the mere mechanical effects upon the body, but when the patient does sleep, the tremor disappears for the time being. There are no sensory symptoms in this disease, excepting in rare cases where there are rheumatic or articular changes of a trophic na-

ture in the joints, when there may be fleeting arthritic pains. The patient is eventually compelled to give up the use of the hands, as in writing first, then of larger movements; although it is singular, the ability to write is preserved to extreme advance of the disease in some cases. Local flushing of the face and neck and body with evanescent sweating of the parts is always a notable symptom in this disease due to vasomotor irritability. The sphincter muscles are almost never incontinent.

The duration of paralysis agitans is indefinite. As the disease is incurable in itself and occurs at the degenerative period of life, the demise of the patient will depend upon the complication of other maladies, or upon the degree of degenerative tendency in the individual. The latter should be sought for in some measure by noting the heredity of the family.

Prognosis.—As inferred from above, it is bad as to recovery; but taken early, the malady can be controlled very materially in 75 percent of the cases. I have in mind a patient, who will be referred to under treatment, in whom there has been very marked amelioration of the symptoms, especially in the restoration of general tone to the system, although the tremor has never been greatly improved. Another advanced case at the Philadelphia Hospital, under my care, has been greatly improved as to the tremor itself, by therapeutic measures. So where it is clearly shown that there is no family tendency to the disease, we can hope for better results than in cases with the neurotic taint in a precedent generation. Just when the stage of paresis will develop, cannot be accurately foretold; although generally speaking, the greater extent and range of tremor, the earlier will palsy result.

Treatment.—The essential in treating paralysis agitans is rest and hyper nutrition. In an incipient case, therefore, ideal treatment would be to place the patient on the rest cure carried out to its fullest and lasting over a period of two or three months. Combine with this, the entire regime of the cure, including isolation, rest, massage, forced feeding; but excluding always, the use of electricity since any form of current is apt to irritate the already excited neurons. If the patient's stomach will stand it, there is nothing better than codliver oil as a nutrient. It is better, however, to withhold the oil until rest treatment shall have been carried out, if this measure is adopted. The use of hypophosphites is valuable, since by so doing, we supply phosphorus to the depleted nerve cells. It is better to eschew strychnia in these cases. The use of the nucleins of the nervous system, as of protonuclein, will be found decidedly reconstructive in some cases. Tropon, plasmon and allied combinations of the elements of nerve cells, may be used with good results in the general upbuilding of the cerebro-spinal nervous system. The condition of the alimentary tract should be carefully watched; constipation should not be permitted on account of the possible asborption of toxines from the intestines, this in turn giving rise to secondary irritation of the cortico-spinal centers. For the actual treatment of the tremor, there is nothing better than antispasmodics given in continuous dosage over a number of weeks,

withholding the drug for a fortnight, then renewing for three or four weeks, again withholding; and so reduce its administration gradually. It is astonishing at times, the great temporary benefit to be had in these cases by such therapeusis. A case in my care of a woman 55 years old, is greatly improving under the use of tr. hyoscyamus, tr. conii, equal parts. Attempts at re-education of musculature by the method of Fraenkel, will frequently avail much in bettering the co-ordination of the individual. It is advisable to insist on the patient's carrying a cane to act as a support and prevent falling. In bad cases with marked tremor of the head and weakness of the cervical muscles, a light jury mast may be worn to steady the head, thereby permitting the patient to go about with greater comfort. With Dr. John H. Musser, I have seen the case in a very intelligent woman much benefited by the use of Brown-Sequard injections given under the advice of Dr. S. Weir Mitchell. She has had the disease for at least thirty years.

This line of therapeutics has been reported by the author in a paper before the Medical Society of Pennsylvania in May, 1896.

THE PREVENTION OF OPHTHALMIA NEONATORUM.

In an article on this subject, Dr. Lucien Howe of Buffalo (Phil. Med. Jour.) urges the enactment of laws which will make it compulsory upon the practitioner to adopt some form of prophylaxis against this disease which is responsible for so many cases of blindness. He cites statistics by Kostling showing that in 17000 births where no prophylactic treatment had been employed some trace of ophthalmia developed in over nine per cent, whereas in 24000 children treated by the Crede method the number who developed the disease was only one-half of one per cent. The Crede method however has the disadvantage of always producing some pain and usually more or less conjunctivitis while in a few instances it has given rise to corneal ulceration. According to the statistics of Piotrowsi, in 1030 children treated with a strong solution of boric acid and a ten per cent solution of protargol, not a single case of ophthalmia occurred, while slight catarrhal conjunctivitis was observed in only 12 per cent. Aside from the numerous favorable reports on the value of protargol as a prophylactic against this affection, by European authors, the drug is preferred for this purpose by many ophthalmologists in this country, including Drs. Alt, Peck, Cheney, Fox, Hotz, Zimmerman, Converse and Todd. In commenting upon Dr. Howe's paper the Philadelphia Medical Journal remarks editorially: "If we cannot reach the fons origo of ophthalmia neonatorum, we can at least save the offspring from a life of darkness, and protect the community from a source of burden and expense.. That this can, to an enormous extent, be accomplished by prophylactic instillation, need hardly be repeated, and its negligence constitutes a sin of omission that deserves commensurate punishment. The enactment of such a law is feasible, its interpretation obvious, and its enforcement not difficult, provided the accoucheur receives the intelligent support of an intelligently instructed community."

MEDICINE.

By Frank Parsons Norbury, M. D.,

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and Egbert W. Fell, B. S.,

JACKSONVILLE, ILL.

Latent Gonorrhea in the Male as a Factor in Diseases of the Female Organs of Generation (Wheat, Atlanta Jour.-Rec. of Med.).—The great majority of cases are readily cured if properly treated, both in the male and female, but a few result in violent systemic infection. In another class the disease lies dormant, ready to break out upon excesses, or may give rise to no symptoms whatever. Such cases are nearly certain to infect their wives. In the female the disease rarely presents conditions physically analogous to those in the male and the trouble is often unrecognized till irreparable damage has been done. If recognized sufficiently early gonorrhea is more certainly and easily cured in women than men. Noeggerath says that of every hundred women who marry men who have had gonorrhea, hardly ten remain well, but this, according to the author's experience, is exaggerated.

Tertiary Syphilis (Shoemaker, Med. Bul.,)— Case I.—A woman 53 years of age. Lesions in position and arrangement resembling herpes zoster. Center free from eruption and slightly pigmented; around the border are many large spots covered with small scales, some dark, others grayish. Scars are also to be seen. The disease has been in existence for more than three years. Case II.—Man 30 years old upon whose cheeks and neck is an eruption which has been present a week. It consists of tubercles of a dull-red color and without evidence of suppuration, although the man asserts that pus and scales have been in existence. The eruption is on the right side in the region of the beard and also on the right side of the chest. Pigmented spots are seen on various parts of the body. The man had a chancre five years ago. Case III.—Woman 38 years old with well marked lesion on forehead. Another on right side of chest is covered with characteristic crusts. The disease began two years ago in the form of papules of a dull-red color which enlarged, but contained nothing but blood. The arrangement and form of the lesions is distinctive. They are large, excavated, and surmounted by crusts of a dark-yellowish brown, or even blackish hue and composed of strata or layers which diminish in size as they ascend. However unlike in gross appearance there is one point in which these three cases agree. There is more than one form of lesion; they are polymorphous in arrangement; the color is comparable to that of copper or lean ham. They exemplify different forms of tertiary syphilis, the first being tubercular syphilide, the second pustulo-cutaneous, the hird nupia. Tubercular syphilide does not usually appear till two to four

years after infection. The tubercles ranges in size from a split pea to a chestnut; are usually present in large numbers; persist for several months; disappearing by fatty degeneration, absorption or ulceration. The ulcers may be superficial or deep; secretion yellowish or greenish; edges infiltrated and of a dark red color. The pustular form is divided into the acuminated and plat varieties and each of these subdivided into large and small. Accuminated pustules may be either superficial or deep, those on the second patient being of the small superficial variety. The incrustation on the third patient may be the result either of the bullous or the large, flat, pustular syphilide. Tertiary syphilis attacks all organs and tissues. At the same time the eruption is developing on the skin a gumma may be forming in the brain. The lesions respond promptly to the iodides. The potassium salt is generally used and answers every purpose. Beginning with a small dose the remedy is increased until the stomach becomes intolerant, then decreased or discontinued for a time. If the author uses mercury at all he prefers to give it separately. Tonics should be given and hygienic requirements observed. Stimulant ointments may be used to promote cicatrization.

Causes, Diagnosis and Treatment of Cystitis (Guiteras, Med. News). —Acute cystitis is always bacterial in origin and generally due to extension of an acute gonorrhea. Injury to the bladder during confinement or during pelvic operations is almost invariably followed by acute cystitis. In the beginning of the attack there is often depression, nausea and loss of appetite, but no febrile movement. Urination is frequent and precipitate. Pain in the perineum and tenesmus in neck of bladder are almost constant. Urine acid, of normal specific gravity, containing bladder epithelium, blood, pus, bacteria, and perhaps crystals. The bladder is extremely sensitive to the introduction of instruments or fluids. Posterior urethritis is the most common antecedent, and the line between them is not sharply drawn. The differential diagnosis is best made by the three glass test, the first glass containing, in posterior urethritis, the largest amount of pus. In acute prostatitis the febrile element is marked; there may be retention of urine; there is pain in the rectum and examination will show an enlarged prostate. In acute vesculitis there is very little pus in the urine, and rectal examination will show enlarged seminal vesicles. In vesical irritability there is no pus in the urine. If the diagnosis cannot be made otherwise the cystoscope may be used. In chronic cystitis the active cause is entrance of pathogenic germs. Predisposing causes are uric acid or oxalate of lime; alcoholic or sexual overindulgence; stricture and enlarged prostate. Symptoms vary much in development, duration and intensity. Frequency and pain are not so marked as in the acute form. Pus is always present in the urine, which is light in color and alkaline, containing a small quanity of albumen and blood, and bladder epithelium in abundance. In chronic posterior uretritis and prosatitis the fails to show the products of bladder inflammation. From surgical kidney the diagnosis is not difficult, pain in the loins, enlargement, and the microscopical findings serving to distinguish it. Different forms of chronic cys-

titis considerably by the author are those due to urethral extension, stricture, prostatic tuberculosis. In treatment of the acute form, rest in the recumbent posture is essential. Hot sitz baths and rectal douches as hot as as the patient can stand should be given. Alkaline diluents, urinary antiseptics, such as salicylates and benzoates, antispasmodics, as belladonna and codeine, should be given. If the urethra is not too sensitive bladder irrigation of potassium permanganate or nitrate of silver should be given by the Javet method. In acute exacerbations of the chronic form the treatment is as above described. In most cases rest in bed with hot sitz baths and rectal injections are of benefit. Urotropin is of great value. Bladder irrigations of boracic acid followed by permanganate of potash or nitrate of silver are of great benefit in every case. In the form due to extension a solution of nitrate of silver 1 to 2000 to 1 to 4000 is introduced by hydrostatic pressure and passed in the natural way. If due to stricture the cause should be removed either by dilation or cutting. When prostatic hypertrophy exists either enucleation or the Bottini operation should be performed. Stones may either be crushed or removed by suprapubic lithotomy. In tuberculous cystitis the general condition of the patient should be improved as much as possible. Antiseptic irrigations do little good as a rule, but good results may follow the use of 5 per cent iodoform in liquid vaseline. Borolyptol 1 in 8 to 1 in 16 has given the author good results.

A Case of Cystinuria Complicated with Uricacidemia is reported by Gilbert (Chicago Clinic) in which neuralgia of the eye and head followed every exposure to cold or overwork. The patient lost flesh; limbs were swollen slightly from the knees down; slight puffiness appeared over the eyes. These was blurring of vision and mental confusion.

Roentgen Rays have the power of causing pulling out of the hair, produce inflammatory reaction, and influence the nutrition of connective tissues (Pusey, Chicago Med. Rec.) It is of use in hypertrichosis for the removal of hair; in diseases of the hair and follicle, as sycosis, tina tonsurans, favus, where removal is an essential part of treatment; in inflammatory conditions, a chronic eczema to stimulate the tissue and cause absorption; and in specific affections like lupus. The advantages claimed in the last condition are: practically certainty of cure, freedom from pain, and the soft, pliable, thin character of the scars. Too great strength of primary current; too great tension of secondary current; too long and frequent exposures; too close proximity should be avoided. The evidence that the exposures have been carried far enough are: appearance of erythema or pigmentation; blanching and loosening of the hair. The method should be used with caution in hypertrichosis, but less care need be taken in inflammations.

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An Excellent Definition.—Substitution is the Universal sin; it is pacing the right for the wrong, a lie for the truth, a fraud for the original, an idol for God. Substitute nothing, live in the light, be manly and speak the truth—Ex.

MEDICAL MISCELLANY

The Treatment of Inoperable Sarcoma.—About a year ago attention was called to certain cases in this country and in England in which the use of the sterilized toxins of erysipelas and the bacillus prodigiosus was followed by permanent cure. Dr. Coley at the last meeting of the section on Surgery of the New York Academy of Medicine reported a case in which cure lasted for three years. Drs. Wyeth and Richardson have both reported cases of the same nature. The therapeutic mechanism of such cases is not understood, but inoperable sarcoma must not be pronounced hopeless until the toxins, or even actual infection have been thoroughly tried.—Med. News.

The Nature and Principles of Psychology.—(Sidis, Amer. Jour. of Insanity).—A more careful study of this subject would be of great value to the general practitioner, and enable him to better appreciate subconscious phenomena and psychically induced disturbances, which are as often psychically cured. To give the imagination as the cause of the whole field of functional psychoses, the phenomena of hypnosis, the manifestations of the subconscious, and also the methods of psycho-therapeutics based on these is simply to confess ignorance of the subject. Psychology and especially that part dealing with abnormal mental action has proved useful in giving a better understanding of these phenomena.

Cancer of the Breast.—Lloyd (Med. Age) first gives a short resume of the last year's work on the etiology of cancer. A parasite has been isolated by several observers which when inoculated into animals produced tumors with the typic structure of fibrosarcoma and carcinoma, these tumors constantly containing the parasite. If then we accept the parasitic theory of cancer the decrease in the percent of recurrences which has followed more extensive operation and removal of adjoining lymph tissue is explainable on the ground that the infecton follows the lymph channels and these diseased portions must be entirely removed before the process is permanently stopped. The mortality from radical operaion has been reduced to less than two per cent. Following the papers by Halsted and Meyer in 1894 the author removed the pectoralis major and adjoining structures as follows: An incision along the anterior border of the axillary space is carried down to make the upper incision for the removal of the breast. The pectoralis is cut away close to the humerus and its clavicular and sternal attachments divided. The fat and glands are dissected out of the axillary space, the lower incision made and the mass removed entire. If the patient's condition permits the supra-clavicular glands should be removed. Immediate skin grafting is not advisable; drainage should be employed.

Pruritus Ani.—Tuttle (Med. News) does not believe that pruritus ani is a disease per se. He says that although there must be a constitutional condition underlying it, it occurs only as a symptom in other disorders. Constipation, hemorrhoids and numerous other troubles may occur concomitantly, but the author thinks that the true causes are as follows: 1. Paracitic diseases, as erythrasma, tinea, scabies and pediculi. 2. Rheu-

matic and uricemic diathesis. It is often difficult to distinguish between these; gastro-intestinal fermentation is a most important element in both. Errors or excesses in diet which increase uric acid or gastro-intestinal fermentation are likely to cause an exaggeration of the pruritus, and when the constitutional derangement has been relieved the irritation promptly subsides. 3. Catarrhal diseases of the anus, rectum, sigmoid and colon. In the acute kind pruritus does not appear till the secretive or suppurative stage begins. In the hypertrophic form there is hypertrophy of the mucous membrane and Lieberkuhn's follicles attended with hypersecretion, exfoliation of the epidermis, and septic infection. Pruiitus appears early. In atrophic catarrh the glands are atrophied, the secretion lessened and the surfaces hot and dry. When the process reaches the muco-cutaneous border little cracks or fissures may be produced which cause intolerable itching. The treatment must be based on the pathology of the case. Fistula, hemorrhoids, etc., should be removed. The author favors the use of the modified Kelly tubes, the long Wales bougies, the aqueous fluid extract of krameria and strong solutions of argonine. Local treatment is merely palliative. Numerous applications are used; the author relies on a combination of carbolic acid, salicylic acid, boric acid in glycerine or cold cream. Ichthyol, conium and cocaine are also serviceable.

A New Test for Albumin.—F. C. Fuhs (Medical Record, March 8, 1902) has the following to say in regard to a new test for albumin: This new and simple test is based upon the following facts: (1) Albumin is coagulated by carbolic acid; (2) equal volumes of non-albuminous urine and a mixture composed of equal parts of carbolic acid and glycerin form an emulsion, which clears up entirely upon agitation, leaving a perfectly transparent and highly refractive liquid; (3) equal volumes of albuminous urine and the above mentioned carbol-glycerin solution, when mixed together produce a white turbidity, which remains, in spite of agitation, and does not precipitate on standing, nor redissolve. The test is very sensitive, distinctly showing the presence of 0.1 per cent of albumin in the urine, the degree of turbidity being proportionate to the percentage of albumin contained in the urine. Numerous and repeated experiments were made to substantiate the observation that this turbidity occurs only when albumin is present, and furthermore, that it is due to the presence of albumin and is a suspension of coagulated albumin. For this purpose many specimens of both nephritic urine and urine of patients suffering with cystitis have been tested, as well as numerous specimens of urine proved free from albumin by the recognized and generally used reagents for the detection of albumin. In no instance did a urine shown to be free from albumin by the recognized tests presents the slightest turbidity by this new reagent, nor did a urine proven to be albuminous by the same tests fail to show the characteristic white turbidity after treatment with the carbol-glycerin solution. The method of applying the test is very simple, and requires as little or less time than the other reliable tests for albumin, and as the carbol-glycerin solution is a non-irritating mixture, it is much to be preferred to the disagreeable nitric acid. The solution consists of carbolic acid and glycerin, equal parts. Glycerin is added to prevent the formation

of a permanent emulsion between the carbolic acid and the watery element of the urine, and is added in excess, so that no possible error can occur from this cause. Test.—Two cubic centimeters of carbol-glycerin solution is poured into a small test tube, and two cubic centimeters of the filtered urine is added. Mix thoroughly with a glass rod, or agitate. If a clear, transparent liquid results, there is no albumin present; but if the slightest turbidity is noticeable, the urine is albuminous.

Renal Tuberculosis.—H. M. Kinghorn (Montreal Medical Journal) finds that the general symptoms are often lacking at the onset, but later there may be loss of appetite and weight, perhaps some night-sweats, and especially fever, with evening rise. Polyuria is one of the first indications, and frequency of micturition, equally marked at night, is suspicious. At any time there may be a brisk emission of considerable pus, or blood in clots or streaks may appear. Blood not clotted is intimately mixed with the urine, and the hematuris may be intermittent, lasting for a few days at a time. The bacilli are differentiated with such difficulty from the smegna bacillus, even with acid alcohol, that guinea-pig inoculation is the method of choice for diagnosis. The stain used in Trudeau's laboratory is carbol-fuchsin, which when washed and dried, is decolorized with twenty-five per cent nitric acid, warhed and dried, and placed for two minutes in ninety-five per cent alcohol. Tumor in the kidney region is a late symptom, but should be looked for. Pain depends on involvement of pelvis or ureter, though if the kidney parenchyma is involved alone there may be a dragging sensation. As a rule the pain is uninfluenced by motion, but is quieted by the dorsal decubitis. It may be aggravated by meals, or a blow or cold, but chiefly before the monthly period. It may be sharp, simulating stone, possibly from the excretion of purulent lumps or phosphatic concretions, or from renal congestion.—*Medical News.*

Pathology of Diabetes.—Simon Flexner states (*U. of P. Bulletin*) that although the pancreas has been shown to influence and regulate carbohydrate metabolism, it is by no means proven that the cause of diabetes is always resident within that organ. Extirpation of the pancreas in dogs and certain other animals causes without exception diabetes of severe grade. Incomplete removal of gland is not necessarily followed by diabetes. Diabetes the result of total extirpation of the pancreas is fatal. No other organ can act vicariously in regulating the carbohydrate metabolism of the body. It does not follow, however, that the pancreas is the only organ, the disturbance of whose functions is capable of producing diabetes. There are no records of complete removal of the pancreas in human beings. Partial resection of the glands have been followed by glycosuria or diabetes after varying intervals. There are numerous observations going to prove that the pancreas in human beings shows marked pathologic changes in cases of diabetes. Of these changes the chief cause is found in concrements in the ducts. The changes in the pancreas itself consist of secondary atrophy. Next in frequence occur the primary atrophy, fibrous indurations and instances of interstitial lipomatosa. Flexner discusses the condition of cachexia which may be the result and not the

cause of diabetes as another possible explanation of pancreatic atrophy. As to the cause of pancreatic diabetes, the theory, which is purely hypothetic and largely supported, is that the removal of the pancreas causes the abolition of the regulation of the carbohydrate metabolism. It appears to be beyond doubt that diabetes results from the failure of a special internal function of the pancreas and that it is not due to nerve lesions or to the absence of digestive secretion of the pancreas. It is probable that the disease can also result from pathologic conditions of the liver, the pancreas remaining normal. It is also established that pathologic conditions of the central nervous system and perhaps of the sympathetic and larger peripheral nerves may give rise to glycosuria and diabetes. The existence of a renal form of diabetes is still unproven.—*Phila. Med. Jour.*

Chinese Proverbs About Women.—Respect always a silent woman; great is the wisdom of the woman that holdeth her tongue.

A vain woman is to be feared, for she will sacrifice all for her pride.

A haughty woman stumbles, for she cannot see what may be in her way.

Trust not the woman that thinketh more of herself than another; mercy will not dwell in her heart.

The gods honor her who thinketh long before opening her lips.

A woman that is not loved is a kite from which the string has been taken; she driveth with the wind, and cometh to a long fall.

A woman that respects herself is more beautiful than a single star; more beautiful than many stars at night.

Woman is the ease for that which pains the father; she is balm for his troubles.

A woman who mistakes her place can never return to where she first was; the path has been covered up from her eyes.

A woman desirous of being seen by men is not trustworthy; fear her glances.

Give heed to her to whom children have come; she walks in the sacred ways, and lacks not love.

A mother not spoken well of by her children is an enemy of the State; she should not live within the kingdom's wall.

A woman without children has not yet the most precious of her jewels.

Give heed to the voice of an old woman; sorrow has given her wisdom.

A beautiful woman knows not her charms, therefore is she beautiful, more so than the colors of the sea.

Like sheep that are leaderless are many women come together for much talk. The happiest mother of daughters is she who has only sons

The minds of women are of quick silver, and their hearts of wax.—*Charlotte Med. Jour.*

Iodoform Odor.—Oil of turpentine is suggested for the removal of the odor of iodoform. It is claimed that it at once removes the objectionable smell from the hands or implements.

Favorite Prescriptions

The Treatment of Cancer of the Stomach.—A Robin (*Journal de medecine interne*, July, 1901; *Nord medical*, January 1st), in cases of absolute anorexia, gives a cachet containing:

℞ Ammonium chloride..... 4 grains
Dover's powder..... 1½ grains
Sodium bicarbonate..... 4 grains

M.

Or this:

℞ Potassium sulphate.....
Potassium nitrate.....aa ¾ of a grain
Powdered ipecac..... ¼ of a grain
Sodium bicarbonate..... 4½ grains

M.

When there is lactic fermentation, a soup spoonful of the following mixture is to be preferred, administered in the midst of a meal:

℞ Ammonium fluoride..... 4 minims
Water .....10 ounces

M.

But if the fermentation is butyric, sulphur iodide in a dose of 1½ grain may be taken.

If there is much pain, a plaster may be applied to the epigastrium containing confection of opium, extracts of belladonna and hemlock, and acetum cantharidis, to be dressed with 1½ grains of crude opium.

Cocaine and codeine may be used according to the following formula:

℞ Lime water..... 5 ounces
Cocaine hydrochloride..... ¾ grain
Codeine ..... 9/10 grain

M. A dessertspoonful during the access of pain.—*N. Y. Med. Jour.*

Spermatorrhea.—

℞ Cornutinae citratis..... gr. ij
Ergotin ..... ℥ij
Ext. nucis vom..... gr. v

M. Ft. capsule No. 40. Sig. One capsule twice daily. When spinal hyperthesia is present:

℞ Potassii bromidi .....
Tinct. hyoscyami..... aa ℥iv
Tinct. nucis vom..... ℥ss
Syr. zingiberis..... ℥ij
Aq. camphorae.....q. s. ad ℥iv

M. Sig. One teaspoonful t. i. d.—*Merck's Arch.*

Mixture for Chapped Hands.—According to the *Times and Register* the following is a useful application for chapped hands:

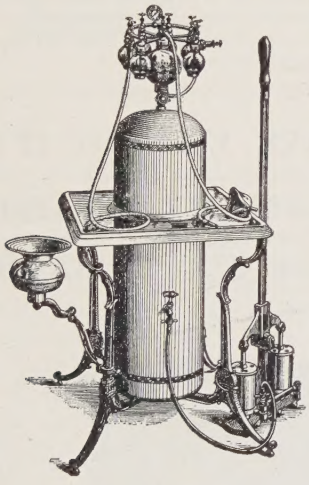
℞ Menthol..... 0.80 grammes
Salol..... 2.00 grammes
Olive oil, c..... 2.00 grammes
Lanolin .....46.00 grammes

M. Apply twice daily.

MEDICAL MEMORANDA.

THE PREVENTION AND TREATMENT OF TUBERCULOSIS.

All who are interested in this important subject should read the paper presented by Dr. H. M. Dunlap, at the last meeting of the American Congress of Tuberculosis, in New York, under the title "Vapor Massage for Prevention and Cure of Pulmonary Tuberculosis." Dr. Dunlap claims priority in the use of the method of treatment to which he applies the term "Vapor Massage," consisting in the administration of nebulized vapor under pressure, with frequent interruptions of the current. By this means the lungs are filled and expanded with antiseptic



nebulized vapor, and while thus under tension the current of compressed vapor being rapidly interrupted, produces a series of rapid impulses, or vibrations, which are transmitted throughout the entire volume of compressed vapor contained within the acting as a powerful stimulant to the circulation throughout the entire body, and in the lungs especially; also directly stimulating cell activity, tissue metamorphosis, the lymphatic circulation, absorption of exudate, etc. The value of vapor massage in the treatment of all cases where the circulation and nutrition of the pulmonary tissues is involved, is at once apparent. This is especially true where the disease is due to the presence of a micro-organism, as in tuberculosis, a much more certain and thorough action of antiseptic agents being secured than if administered by simple inhalations. Vapor massage has also given most satisfactory results in affections of the middle ear and nasopharynx. The accompanying cut represents the apparatus designed by Dr. Dunlap for administering vapor massage. It is made by the Globe Manufacturing Co., of Battle Creek, Mich., whose reputation as manufacturers of reliable nebulizing and compressed air apparatus is known to the medical profession throughout the world. Circulars and reprint of Dr. Dunlap's paper, referred to above, will be sent on application.

DURING LA GRIPPE, and afterwards, the experience of thousands of physicians proves the value of Angier's Petroleum Emulsion. It braces the patient, enables him to withstand the ravages of the disease and guarantees him freedom from the subsequent exhaustion and sequelae. Angier's Petroleum Emulsion relieves immediately the cough and symptoms of respiratory irritation, palliates the nervous symptoms, and hastens convalescence.

ACUTE METRITIS resulting many times from exposure to cold during menstruation or from gonorrheal infection usually manifests itself by a chill, more or less severe, with pains in the umbar or hypogastric region. The most satisfactory treatment for this condition is rest in bed with an ice coil or bag on the abdomen over the uterus followed by thorough flushing of the vagina with hot water in which has been dissolved Micajah's medicated uterine wafers (one to the quart). After the acute stage has subsided a Micajah wafer inserted into the vaginal canal up to the cervix will exert the antiseptic astringent action so essential in these cases.

DANGEROUS SUBSTITUTION.

A case was recently tried in a Detroit court, the testimony in which is convincing proof of the fact that substitution of a dangerous kind is only too prevalent, and that, moreover, those engaged in the practice on a large scale are reckless and careless to a degree difficult to conceive of. One employee of the person on trial testified that he did not know what the substance was which he was putting up in bottles, did not know which labels he should put on (all were powders) and that no one told him! The books of the gang of counterfeiters are said to show that their counterfeit goods have been sold to thousands of druggists all over the country. It therefore behooves the prescriber to make sure that his prescriptions are filled as written. When any doubt of this is felt, a sample of the medicine dispensed should be sent either to some analytical chemist or to some manufacturer for examination as to its purity and strength.—New York Medical Journal.

DEATH RATE FROM PNEUMONIA—The death rate from pneumonia for the decade ending with 1900 is shown by the United States Census Bulletin of 1900 to have been greater than from any other one cause and 5 per cent greater for the decade referred to than from the previous ten years. With such large and increasing death rate every physician owes it to himself and to his patients to test Antiphlogistine, which has a well-earned reputation for being the best possible local theatment for this and other inflam-treatment for this and otther inflammatory diseases. Many physicians report that a single dressing applied early, covering the entire thoracic walls and covered with a cotton jacket, will often abort the disease.

CONSTANCY OF COMPOSITION—Periodical tests have demonstrated the constancy of its composition. This and the temperature of Allouez Magnesia bottled at 40 degrees F., adapts it for exportation and changeable climates. The combination of natural gases hold its alkaline constituents in perfect solution. To insure the retention of its natural gases, and preserve its rare purity as well, the water is marketed only in glass bottles, filled and hermetically corked and sealed at the springs under direct supervision.

PHOSPHAGON is a palatable combination of natural organic phosphorized compounds possessing marked lecithogenic and general neuro-tonic properties. Each teaspoonful of phosphagon represents one grain phosphoric anhydride in the form of proto-phosphoids, etc., also two minims tr. nux vomica. By stimulating the formation of lecithin in the organism, phosphagon supplies to the nervous system this ever necessary element, without which there can be no manifestation of vital force. Phosphagon is indicated in all conditions in which general lack of nervous stability is a prominent feature, especially neurasthenia, hysteria, epileptic and epileptiform states, brain-fag and in convalescence from acute diseases. The dose is from one to four teaspoonfuls three times a day.

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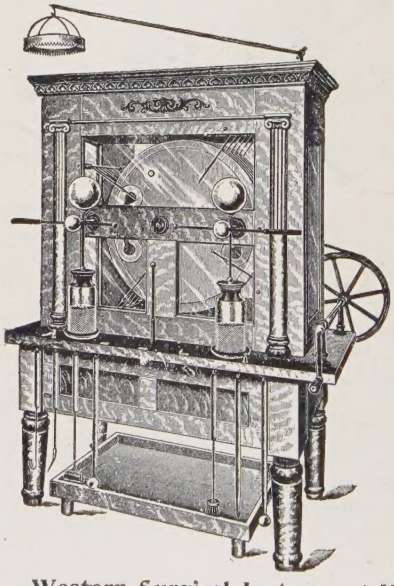

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